**New Application: Brain Injury Medicine**

**Review Committee for Physical Medicine and Rehabilitation**

**ACGME**

*Applications will be accepted from programs whose Sponsoring Institution also sponsors an ACGME-accredited program in at least one of the following specialties: child neurology, neurology, physical medicine and rehabilitation, or psychiatry.*

*Applications for accreditation of Brain Injury Medicine fellowship programs will be accepted by the Review Committee for Physical Medicine and Rehabilitation. Applications for accreditation are available on the Program Requirements and FAQs and Applications page of each specialty’s section of the website.*

*If the program is not affiliated with an ACGME-accredited program in Physical Medicine and Rehabilitation, the program may apply as a residency-independent fellowship (see the* [*ACGME Manual of Policies and Procedures*](http://www.acgme.org/Portals/0/PDFs/ab_ACGMEPoliciesProcedures.pdf) *(Subject 16.b.(2).(b) In this circumstance, email the Review Committee Administrator for instructions prior to initiating the application. Contact information can be found on the applicable specialty’s section of the ACGME website.*

*New program applications must use the online application process within the Accreditation Data System (ADS).*

*This document contains the “Specialty-specific Application Questions.” After completing this document, convert it to PDF and upload it as the “Attachment: Specialty-specific Application Questions” during Step 12 of the online application process within ADS.*

**Oversight**

**Resources**

1. Indicate with a check mark whether the following resources are available to the program. [PR I.D.1.b)]

| **Resource** | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Emergency department [PR I.D.1.b).(1)] |  |  |  |
| Acute care hospital [PR I.D.1.b).(2)] |  |  |  |
| Inpatient rehabilitation unit [PR I.D.1.b).(3)] |  |  |  |
| Designated outpatient clinic for persons with brain injury [PR I.D.1.b).(4)] |  |  |  |
| Home care and other community reintegration resources [PR I.D.1.b).(5)] |  |  |  |
| Post-acute rehabilitation facilities, such as long-term acute and other community-based and residential treatment facilities [PR I.D.1.b).(6)] |  |  |  |

1. Indicate with a check mark whether consultant services in the following specialties and subspecialties will be available to the program. [PR I.D.1.b).(7)]:

| **Consultant Service** | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Anesthesiology |  |  |  |
| Diagnostic radiology |  |  |  |
| Emergency medicine |  |  |  |
| General surgery |  |  |  |
| Internal medicine |  |  |  |
| Neurological surgery |  |  |  |
| Neurology |  |  |  |
| Ophthalmology |  |  |  |
| Orthopaedic surgery |  |  |  |
| Otolaryngology |  |  |  |
| Pediatrics |  |  |  |
| Physical medicine and rehabilitation |  |  |  |
| Psychiatry |  |  |  |

1. Provide the number of patients with brain injuries seen in the past year at each site. [PR I.D.1.c)]

|  | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Inpatient consultations | # | # | # |
| Inpatient rehabilitation | # | # | # |
| Outpatient new visits | # | # | # |
| Outpatient continuing care visits | # | # | # |

**Personnel**

**Other Program Personnel**

Indicate with a check mark whether staff members in the following disciplines will be available to the program. [PR II.D.1.]

| **Staff** | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Neuropsychology/psychology |  |  |  |
| Occupational therapy |  |  |  |
| Orthotics and prosthetics |  |  |  |
| Physical therapy |  |  |  |
| Rehabilitation nursing |  |  |  |
| Respiratory therapy |  |  |  |
| Social service |  |  |  |
| Speech-language pathology |  |  |  |
| Therapeutic recreation |  |  |  |
| Vocational counseling |  |  |  |

**Educational Program**

**Patient Care and Procedural Skills**

* + - 1. Indicate the settings and activities in which fellows will develop competence in the evaluation and management of the following areas of patient care. Also indicate the method(s) that will be used to assess competence. [PR IV.B.1.b).(1).(a)]

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Competency** |
| --- | --- | --- |
| Performing a comprehensive neurologic history and examination, including mental status examination  [PR IV.B.1.b).(1).(a).(i)] | Click here to enter text. | Click here to enter text. |
| Evaluating the extent of injury and specific injury patterns  [PR IV.B.1.b).(1).(a).(ii)] | Click here to enter text. | Click here to enter text. |
| Monitoring the evolution of neurologic impairment from brain injury in order to recognize conditions that may require additional evaluation, consultation, or modification of treatment  [PR IV.B.1.b).(1).(a).(iii)] | Click here to enter text. | Click here to enter text. |
| Coordinating the transition from acute care to rehabilitation  [PR IV.B.1.b).(1).(a).(iv)] | Click here to enter text. | Click here to enter text. |
| Establishing short- and long-term rehabilitation goals and coordinating the implementation of the rehabilitation program to meet such goals  [PR IV.B.1.b).(1).(a).(v)] | Click here to enter text. | Click here to enter text. |
| Diagnosing and coordinating treatment of respiratory complications of the patient with brain injury, including tracheostomies, atelectasis, pneumonia, and tracheal stenosis  [PR IV.B.1.b).(1).(a).(vi)] | Click here to enter text. | Click here to enter text. |
| Evaluating and coordinating treatment for dysphagia  [PR IV.B.1.b).(1).(a).(vii)] | Click here to enter text. | Click here to enter text. |
| Evaluating and managing spasticity, including use of intrathecal medication and chemodenervation treatment  [PR IV.B.1.b).(1).(a).(viii)] | Click here to enter text. | Click here to enter text. |
| Diagnosing and coordinating treatment of autonomic and sympathetic hyperactivity  [PR IV.B.1.b).(1).(a).(ix)] | Click here to enter text. | Click here to enter text. |
| Evaluating and coordinating treatment of acute and chronic pain [PR IV.B.1.b).(1).(a).(x)] | Click here to enter text. | Click here to enter text. |
| Evaluating and monitoring skin problems using techniques for prevention, including the use of specialized beds and cushions  [PR IV.B.1.b).(1).(a).(xi)] | Click here to enter text. | Click here to enter text. |
| Diagnosing and managing agitation, emotional and behavioral problems, cognitive impairment, and sleep disorders associated with brain injury  [PR IV.B.1.b).(1).(a).(xii)] | Click here to enter text. | Click here to enter text. |
| Evaluating and managing bladder or bowel dysfunction  [PR IV.B.1.b).(1).(a).(xiii)] | Click here to enter text. | Click here to enter text. |
| Diagnosing and managing musculoskeletal disorders associated with brain injury, including contractures, shoulder pain and subluxation, shoulder hand syndrome, and heterotopic ossification  [PR IV.B.1.b).(1).(a).(xiv)] | Click here to enter text. | Click here to enter text. |
| Identifying the risk of infection and coordinating treatment and infection control, including the judicious use of antimicrobials  [PR IV.B.1.b).(1).(a).(xv)] | Click here to enter text. | Click here to enter text. |
| Evaluating and initiating management of complications, including deep venous thrombosis, dizziness, electrolyte disturbances, endocrine disorders, headaches, hydrocephalus, pain, pulmonary embolism, seizure disorders, vertigo, and vision changes  [PR IV.B.1.b).(1).(a).(xvi)] | Click here to enter text. | Click here to enter text. |
| Performing a functional assessment based on neurological, musculoskeletal, and cardiopulmonary examinations combined with psychological and pre-vocational assessments  [PR IV.B.1.b).(1).(a).(xvii)] | Click here to enter text. | Click here to enter text. |
| Determining functional goals for self-care, instrumental activities of daily living, communication, mobility, vocational, and avocational activities based on the extent of injury  [PR IV.B.1.b).(1).(a).(xviii)] | Click here to enter text. | Click here to enter text. |
| Determining appropriate motor retraining, conditioning, orthoses, and other adaptive equipment needed to meet the rehabilitation goals  [PR IV.B.1.b).(1).(a).(xix)] | Click here to enter text. | Click here to enter text. |
| Assessing the indications for formal neuropsychological testing and interpreting results of the testing as they relate to treatment planning or prognostication  [PR IV.B.1.b).(1).(a).(xx)] | Click here to enter text. | Click here to enter text. |
| Determining when inpatient rehabilitation goals have been achieved, finalize discharge plans, and arrange for the appropriate level of post-acute care based on the patient’s needs [PR IV.B.1.b).(1).(a).(xxi)] | Click here to enter text. | Click here to enter text. |
| Developing a program of regular follow-up, evaluation, and preventive health to keep the patient at maximum health and functional status, and coordination with the patient’s other care providers  [PR IV.B.1.b).(1).(a).(xxii)] | Click here to enter text. | Click here to enter text. |
| Monitoring the long-term evolution of neural recovery or decline in order to recognize conditions that may require additional evaluation, consultation, or treatment modification  [PR IV.B.1.b).(1).(a).(xxiii)] | Click here to enter text. | Click here to enter text. |
| Assessing the special needs of adolescents with brain injury, including emotional, behavioral, cognitive, and developmental issues, as well as issues associated with schooling and recreational activities  [PR IV.B.1.b).(1).(a).(xxiv)] | Click here to enter text. | Click here to enter text. |
| Diagnosing concussion, especially in sports and recreational activities, managing its complications, and determining appropriateness for return-to-play, return-to-school, and return-to-work  [PR IV.B.1.b).(1).(a).(xxv)] | Click here to enter text. | Click here to enter text. |
| Recognizing the signs and symptoms of blast- and combat-related brain injuries and managing their complications  [PR IV.B.1.b).(1).(a).(xxvi)] | Click here to enter text. | Click here to enter text. |

* + - 1. Indicate the settings and activities in which fellows will develop competence in the performance of the following essential brain injury medicine procedures. Also, indicate the method(s) that will be used to assess competence.

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Competency** |
| --- | --- | --- |
| Spasticity management, including the use of modalities, systemic medications, and injections for chemodenervation, as well as familiarity with intrathecal delivery systems  [PR IV.B.1.b).(2).(a)] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

Indicate the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which fellows will develop competence in their knowledge of each of the following areas. Also, indicate the method(s) that will be used to assess competence.

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Competency** |
| --- | --- | --- |
| Pre-hospital and initial Emergency Department care of the patient with brain injury  [PR IV.B.1.c).(1).(a)] | Click here to enter text. | Click here to enter text. |
| Consultative role of brain injury medicine in support of emergency medicine, neurological surgery, neurology, orthopaedic surgery, and other specialties in acute care settings, including intensive and critical care units [PR IV.B.1.c).(1).(b)] | Click here to enter text. | Click here to enter text. |
| Management of increased intracranial pressure  [PR IV.B.1.c).(1).(c)] | Click here to enter text. | Click here to enter text. |
| Natural history and evolution of organ system functioning after brain injury, and the interaction among various organ systems  [PR IV.B.1.c).(1).(d)] | Click here to enter text. | Click here to enter text. |
| Neuropharmacology and psychopharmacology as they relate to the management of cognitive, emotional, executive, and linguistic dysfunction  [PR IV.B.1.c).(1).(e)] | Click here to enter text. | Click here to enter text. |
| interaction of brain injury and aging [PR IV.B.1.c).(1).(f)] | Click here to enter text. | Click here to enter text. |
| Prevention and treatment of secondary complications of brain injury [PR IV.B.1.c).(1).(g)] | Click here to enter text. | Click here to enter text. |
| Relationship between known prognostic factors on the ultimate residual functional capacity  [PR IV.B.1.c).(1).(h)] | Click here to enter text. | Click here to enter text. |
| Assessment and functional implications of the spectrum of impaired cognitive functions in brain injury [PR IV.B.1.c).(1).(i)] | Click here to enter text. | Click here to enter text. |
| Consequences of repetitive head injuries and associated neurodegenerative disorders such as chronic traumatic encephalopathy  [PR IV.B.1.c).(1).(j)] | Click here to enter text. | Click here to enter text. |

**Curriculum Organization and Fellow Experiences**

1. Will each fellow have an assigned faculty advisor or mentor to meet with regularly for monitoring and feedback? [PR IV.C.3.b)] YES NO

1. Indicate the frequency with which the following conferences will be held: [PR IV.C.4.a)-a).(1)]

|  |  |
| --- | --- |
| **Conference** | **Frequency Held** |
| Brain injury medicine fellow teaching conferences | Frequency |
| Multidisciplinary case conferences | Frequency |
| Journal clubs | Frequency |
| Quality improvement seminars | Frequency |

1. Provide a list of the annual topics that will be offered during brain injury medicine fellowship (e.g., teaching conferences, multidisciplinary case conferences, journal clubs, and quality improvement seminars). Add additional rows as necessary. [PR IV.C.4.]

| **Topic** | **Name of Presenter** | **Role of Presenter in Program** |
| --- | --- | --- |
| Topic | Name of Presenter | Role of Presenter |
| Topic | Name of Presenter | Role of Presenter |
| Topic | Name of Presenter | Role of Presenter |
| Topic | Name of Presenter | Role of Presenter |
| Topic | Name of Presenter | Role of Presenter |
| Topic | Name of Presenter | Role of Presenter |

1. How will fellow attendance at conferences be documented? [PR IV.C.4.b)]

|  |
| --- |
| Click here to enter text. |

1. Indicate whether quality improvement seminars will include discussion of the following:   
   [PR IV.C.4.c)]

|  |  |
| --- | --- |
| 1. Initial, discharge, and follow-up data that have been analyzed regarding the functional outcomes of persons served | YES  NO |
| 1. Other practice improvement activities | YES  NO |

**Scholarship**

|  |  |
| --- | --- |
| 1. Will the Sponsoring Institution provide support for fellows to attend one regional or national professional conference? [PR IV.D.1.b).(1)] | YES  NO |

Explain any “NO” responses.

|  |
| --- |
| Click or tap here to enter text. |

1. How will the curriculum advance fellows’ knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care? [PR IV.D.3.a)]

|  |
| --- |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| 1. Will fellows have assigned time to conduct research or other scholarly activities? [PR IV.D.3.b)] | YES  NO |

**\*\*\***

The following area is optional and can be used to explain any unique scenarios occurring in the program that do not fit the confines of this form.

***Limit the response to 500 words.***

|  |
| --- |
| Click here to enter text. |